

# 401(a) Incentive Retirement Deferred Compensation Plan

## Hardship Certification Form

I hereby certify that I am experiencing an unforeseen financial hardship. I understand my contributions to the 401(a) Incentive Retirement Deferred Compensation Plan will be suspended for a period of *at least* six (6) months, effective the next payday following the date this signed form is processed by the Deferred Compensation Office.

I wish **to resume** my contributions to the plan on

- ☐ 1. the first available payday following the **full** six (6) months suspension, or
- ☐ \*2. the first payday of \_\_\_\_\_, \_\_\_\_\_.  
Month Year (Must Indicate)

\* Selection #2 is only for suspension requests longer than six (6) months.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return completed **original** form to the County of San Diego Treasurer Office:*

Treasurer-Tax Collector  
Deferred Compensation Division  
1600 Pacific Highway, Room 152  
San Diego, CA 92101

or

Interoffice Mail Address: A-49